



APPLICATION FOR DUPLICATE OF INDIANA TEACHING, ADMINISTRATOR, OR SCHOOL SERVICES LICENSE ONLY

State Form 46701 (R8 / 5-07)

Approved by State Board of Accounts, 2007

INDIANA DEPARTMENT OF EDUCATION

Division of Professional Standards
Room 229, State House
Indianapolis, IN 46204-2798
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www.doe.state.in.us/dps

ACCOUNTING CONTROL

Receipt number

Transaction number

The information in this document is confidential according to IC 5-14-3-4(b)8.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

This application may not be used for renewals or for duplicates of an expired license.

- INSTRUCTIONS:**
1. Please **TYPE** or **PRINT** clearly.
 2. Attach money order or cashier's check for \$35.00, payable to the State of Indiana.
 3. **Do not send cash or personal checks. All fees are non-refundable.**
 4. Return this application with a Limited Criminal History report.

ACTION REQUESTED

Check one of the following:

- ☐ Degree change ☐ Lost / destroyed license ☐ Change internship

SECTION A - APPLICANT INFORMATION

Name of applicant (<i>last, first, middle</i>)		Maiden name
Social Security number *	Date of birth (<i>month, day, year</i>)	Telephone number ()
Address (<i>number and street, city, state, and ZIP code</i>)		E-mail address

SECTION B - LICENSE INFORMATION

Name (<i>exactly as it appeared on License</i>)		Date of issuance (<i>month, day, year</i>)
License number	Type	Grade
Basis	Action	Subject area(s)

This license has been lost or destroyed. To the best of my knowledge, it was lost or destroyed in the following manner:

SECTION C - CRIMINAL HISTORY

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been convicted of a misdemeanor since January 15, 1994? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to questions 1 or 2, you must provide a written explanation and court records, including:

- | | |
|-------------------------------|---|
| ● Chronological case summary | ● Plea agreements (if applicable) |
| ● Affidavit of probable cause | ● Judgment / Order of Sentencing |
| ● Charging information | ● Documentation of successful completion / release from any probation |

Court records may be obtained from the clerk of the court(s).

If you answered yes to question 3, you must submit a written explanation and any available documentation.

LOYALTY AFFIDAVIT

I affirm that the information contained in my application is true and accurate to the best of my knowledge and belief. Misrepresentations made in this application may constitute grounds to deny, suspend, or revoke a license.

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Indiana.

Signature of applicant	Date (<i>month, day, year</i>)
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